

5901 EAST MARGINAL WAY SOUTH P.O. BOX 24867 SEATTLE, WASHINGTON 98124 206-762-7170

# FAX COVER LETTER (206)-767-2442

Date: 7-24-92	·
From: N. S. Buckhoz	
To: Dave Mendenhall	
Company:	
Total number of pages 3 including the cover Please ( ) do ( ) do not call to confirm receipt	letter.
If you do not receive all of the pages, please co	ontact us at 762-7170.
SUBJECT:	
MESSAGE: Have, I have not	mailed in yet
in case we wanted to	add some thing
	NSB



# **NOTICE OF INTENT**

#### For

#### Baseline General Permit to Discharge Stormwater Associated with Industrial Activity

Mark only one item
1. Existing Facility
2. New Facility
3. Construction Activity
4. Change of Information
Permit No.

•	• —————			
I. OPERATOR or CONTRACTOR	II. OWNER/REPRESENTATIVE OF SITE OR FACILITY			
Name	Name			
LONGUEIW FIBRE COMPANY	LONGUEIN FIBRE COMPANY			
Malling Address	Malling Address			
P.O. BOX 24867	P.O. BOX 639,			
City Zip + 4	City Zip + 4			
SEATTLE 98124	LONGUEIM 98632			
Contact Person Phone #	Contact Person Phone #			
NORMAN BUCKHOLZ (206) 762-7170	DRUID MENDENHALL (206) 425-1550			
III. FACILITY/SITE ADDRESS	IV. BILLING ADDRESS:			
Facility Name	Owner			
LONGUEIWFIBRE COMPANY	Operator U Other (below)			
Street Address /	Name			
5901 EAST MARGINAL WAY SOUTH	LONGUEIN FIBRE COMPANY			
City Zip + 4 Phone #	Address			
SEATTLE 98134 206-742-7170				
County				
KING	horover 98632 201(425-1550)			
V. RECEIVING WATER INFORMATION				
A. Does your facility's storm water discharge to: (check all	that apply)			
4 19 04	Merca (Cramis)			
<ol> <li>Storm sewer system—Owner of storm sewer st</li> <li>Directly to surface waters of Washington state</li> </ol>	(se niver take cook extract coops)			
3. Indirectly to waters of Washington state	(a.g., iivei, lane, creek, estually, ocean)			
4. Directly to ground waters of Washington state:	☐ dry well ☐ drainfield ☒ other			
	TRO /			
B. Hallo(s) of fosolving mais (o).	(10)			
tritial discharge is to an unnamed receiving water?	☐ Yes ☐ No			
VI. INDUSTRIAL ACTIVITY INFORMATION				
A. SIC Code(s)	B. Type of business			
1. 2653 2. 3. 4.				
C. Industrial activities at facility: (check all that apply)				
1. 2 Manufacturing 5. Vehicle				
	Maintenance 9. Scrapyard, salvage, auto recycling, battery reclaimer			
4. A Hazardous Waste Treatment, Storage, or Disposal Fac	iiity (RCRA Subtitie C) 10. Landfill or Land Application			
	11. Mining			
	12. U Other			

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			Ladustial English	Comptruction Actuate
D. Additional Information:			Industrial Facility	Construction Activity
1. Total size of site, acres		-		<del> </del>
<ol><li>Total impervious area (including rooftops), ac</li></ol>	πes		Asirin Kilipa,	<del> </del>
3. Total area to be disturbed, acres				<del> </del>
<ol><li>Projected construction startup and completion</li></ol>			10000	<del></del>
5. Has a storm water pollution prevention plan b		Yes/No		<del> </del>
6. Are storm water discharge data available?	Yes/No			
7. Are data available on impact of storm water of	m water quality o	r sadiments?. Yes(No	<u> </u>	<u> </u>
VII. MATERIAL HANDLING/MANAGEME	NT PRACTICE	s 		
<ol> <li>Types of materials handled and/or store</li> </ol>	d outdoors: (ch	eck all that apply)		
1. D Solvents		Products	8. Paints/Cou	
2. A Scrap Metal	5. Pesticid		9. Woodtreat	
3. Detroleum or Petrochemical Products	6. Hazarda		10. Other Tox	ics (Piesse list)
	7. Acids or	AKBIRES		
<ol> <li>Identify existing management practices ( (check all that apply)</li> </ol>	employed to rec	duce pollutants in inc	iustriai storm water	r discharges:
1. D Oll-Water Separator		Leachate Collection	8. 🔲 Infiltration	
2. Containment	5. Overhea	ed Coverage	9. 🖳 Manageme	
3. Spill Prevention		ng/Source Reduction	10. Vegetation	
	7. U Detentio	on Facilities	FI. C. CUMET (PIE	0.54 03()
III. REGULATORY STATUS (check all to	hat apply)	C. Air Notice	of Construction, P	ermit, or Order
Permit No.		Agency: _		
B. State Waste Discharge Permit D. GRCRA Per		` <b>^</b>		
Permit No			282 161	
X. STATE ENVIRONMENTAL POLICY A				
ead agency issuing SEPA document:				
Type of SEPA document: Date of SEPA document:				
C. CERTIFICATION OF PERMITTEE(S)			entino or a promision in	
review into person that qualified personnel property g who manage the system, or those persons directly rea knowledge and belief, true, accuratge, and complete. possibility of fine and imprisonment for knowing violati	ather and evaluate sponsible for gather I am awere that th	the information submitted ring the information, the le	d. Based on my inquiry formation submitted is	of the person or persons , to the best of my
For new industrial facilities and for construction activiti If also certify that the public notice requ		90.48.170 have been me	<b>t*</b>	
Operator's Printed Name: Norman	3 BUCKHOLZ	Owner's Printed	Name: DAoid	Mendenhall
Signature: Notwan Buckh	سكك	Signature:	I What	ladad
<i>(</i> ):	9-23-92	/^	mer	Date 9/19/92
	STATE USE ONLY	<b>′</b> :		•
	NPDES Perm		n finn Main	ambadi Careers I
	141. DED F#1]]	t Number: Regio		eceived Coverage i



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4. 🚨	Change of Information
Permi	t No

	• ———		
I. OPERATOR or CONTRACTOR	II. OWNER/REPRESENTATIVE OF SITE OR FACILITY		
Name	Name		
royping + Die remband	roxo.m + one company		
Name LONGUIEW Fibre Company Malling Address P.O. Box 24867	LOUXU: W F. Brc Company  Malling Address  P.D. Box 639		
City Zip+4	City Zip + 4		
Southle 98124.			
Contact Person Phone #	LONSULW 98632  Contact Person Phone # (200) 425-1550		
Homani Budcholz (201) 762-7170	DAVID 1 Pendienhall (200) 425-1550		
III. FACILITY/SITE ADDRESS	IV. BILLING ADDRESS:		
Facility Name	Owner		
Street Address 5901 East Marginal Way South	Name Lowgraw Fibre Company Address		
SHOOT East Marginal Way South  City Zip + 4 Phone #  Southe 98134 (14)762-7120	Address  D.O. Box 3000  City Zip + 4 Phone #  Long view 9863 Z (262) 425-1550		
County	City Zip + 4 Phone #		
Knd	Long view 98632 (20)425-1550		
V. RECEIVING WATER INFORMATION	O ,		
A. Does your facility's storm water discharge to: (check all	I that apply)		
1. Storm sewer system—Owner of storm sewer s	vestem (name). Mctro (Suittu)		
2. Directly to surface waters of Washington state	(e.g., river, lake, creek, estuary, ocean)		
3. Indirectly to waters of Washington state			
4. Directly to ground waters of Washington state:	dry well		
B. Name(s) of receiving water(s):			
Initial discharge is to an unnamed receiving water?	☐ Yes ☐ No		
VI. INDUSTRIAL ACTIVITY INFORMATION			
A. SIC Code(s)	B. Type of business		
1. 2633 2 3. 3. 4.			
C. Industrial activities at facility: (check all that apply)			
	Storage 8. Steam Electric Power Generation		
2. Material Handling 6. Vehicle Maintenance 9. Scrapyard, salvage, auto 3. Material Storage 7. Municipal Sewage Treatment recycling, battery reclaimer			
4. Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C) 10. Landfill or Land Application			
·	11. U Mining 12. U Other		

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i Andrional Information'	Industrial Facility	Construction Activity
D. Additional Information: 1. Total size of site, acres		7. 2
2. Total Impervious area (Including rooftops), acres		
3. Total area to be disturbed, acres		
4. Projected construction startup and completion dates (Month, Year)	eat,pul	
5. Has a storm water pollution prevention plan been developed? Yes/No		
5. Are storm water discharge data available? Yes/No		#1.1
7. Are data available on impact of storm water on water quality or sediments? Yes/No		13.8°
A. Types of materials handled and/or stored outdoors: (check all that apply)  1. Solvents 2. Scrap Metal 3. Petroleum or Petrochemical Products 6. Hazardous Wastes 7. Acids or Alkalies  B. Identify existing management practices employed to reduce pollutants in inc (check all that apply)  1. Oil/Water Separator  4. Surface Leachate Collection	_	ing Products cs (Please list) discharges:
2. Containment 5. Overhead Coverage	9. Menageme	mt BMPs
2. Containment  5. Overhead Coverage  3. Spill Prevention  6. Recycling/Source Reduction	10. Vegetation	Management
7. U Detertion Facilities	11. Other (Plea	ase list)
Permit No	19 <u>00 014w</u>	\8 \ ! \ ( )
Permit No. Permit No.  IX. STATE ENVIRONMENTAL POLICY ACT (SEPA)  Has SEPA review been completed? Yes No  Lead agency issuing SEPA document:	ection or supervision in a d. Based on my inquiry mormation submitted is, lee for submitting talse is	eccordance with a system of the person or persons to the best of my
Permit No. Permit No.  IX. STATE ENVIRONMENTAL POLICY ACT (SEPA)  Has SEPA review been completed? Yes No  Lead agency issuing SEPA document:  Type of SEPA document: Date of SEPA document:  X. CERTIFICATION OF PERMITTEE(S)  It certify under penalty of law that this document and all attachments were prepared under my directly under penalty of law that this document and all attachments were prepared under my directly under penalty of law that this document and all attachments were prepared under my directly under penalty under penalty of certification authorities who manage the system, or those persons directly responsible for gathering the information, the information and the information and prossibility of fine and imprisonment for knowing violations.  For new industrial facilities and for construction activities:	ection or supervision in a d. Based on my inquiry nformation submitted is, les for submitting talse is	eccordance with a system of the person or persons to the best of my
Permit No. Permit No. Permit No. RX. STATE ENVIRONMENTAL POLICY ACT (SEPA)  Has SEPA review been completed? Yes No. Lead agency issuing SEPA document:  Type of SEPA document: Date of SEPA document:  X. CERTIFICATION OF PERMITTEE(S)  It certify under penalty of law that this document and all attachments were prepared under my directly designed to assure that qualified personnel properly gather and evaluate the information submittee who manage the system, or those persons directly responsible for gathering the information, the is knowledge and belief, true, accurates, and complete. I am aware that there are significant penaltipossibility of fine and imprisonment for knowing violations."  For new industrial facilities and for construction activities:  "I also certify that the public notice requirements of RCW 90.48.170 have been me	ection or supervision in a d. Based on my inquiry nformation submitted is, les for submitting talse is	eccordance with a system of the person or persons to the best of my nformation, including the
Permit No.  Permit	nction or supervision in a d. Based on my inquiry into mation submitting talse is les for submitting talse is	occordance with a system of the person or persons to the best of my information, including the
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Mark only one item		
2.	Existing Facility New Facility Construction Activity Change of Information No.	

1. OPERATOR or CONTRACTOR		IL OWNER/REPRESEN	TATIVE OF SITE OR FACILITY
Name		Name	
Malling Address		Mailing Address	
City	Lip + 4	City	' Zip + 4
Contact Person	Phone #	Contact Person	Phone #
III. FACILITY/SITE ADDRESS		IV. BILLING ADDRESS	:
Facility Name		Owner Operator	Facility/Site Other (below)
Street Address		Name	
City Zip + 4	Phone #	Address	
County		City	Zlp + 4 Phone #
V. RECEIVING WATER INFORMATIC	)N		
A. Does your facility's storm water disc	harge to: (check all	that apply)	
Storm sewer system—Owner     Directly to surface waters of			
<ol> <li>Directly to surface waters of</li> <li>Indirectly to waters of Wash</li> </ol>		e.g., nver, lake, creek, est	uary, ocean)
4. Directly to ground waters of Washington state:  dry well  drainfield  other			
B. Name(s) of receiving water(s):			
Initial discharge is to an unnamed receiving water?			
VI. INDUSTRIAL ACTIVITY INFORMATION			
A. SIC Code(s) 1 2 3	4.	B. Type of business	
C. Industrial activities at facility: (check	all that apply)		
1. Manufacturing 2. Material Handling 3. Material Storage 4. Hazardous Waste Treatment, Storage	7. U Municip	Meintenance 9. sal Sewage Treatment litty (RCRA Subtitle C) 10. 11.	Mining
	·	12.	U Other

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